



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

PERMIT FEE: \$142.00

CHECK OR MONEY ORDER MADE PAYABLE
TO THE "STATE OF DELAWARE"

(FOR OFFICIAL USE ONLY)

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**APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING, SPARRING MATCH, OR
EXHIBITION FOR WHICH A FEE IS CHARGED**

A complete application must be received at least ten (10) days in advance of the scheduled event to ensure approval in time for the event. A complete application is one that includes all required documentation and correct payment.

PROMOTER INFORMATION

PROMOTER NAME (LAST, FIRST, MIDDLE INITIAL)		*SOCIAL SECURITY NUMBER	
STREET ADDRESS		DELAWARE BUSINESS LICENSE #	
CITY	STATE	ZIP CODE	
TELEPHONE	FAX NUMBER	EMAIL ADDRESS, IF ANY	
CORPORATION NAME			
BUSINESS STREET ADDRESS		CITY	STATE ZIP CODE
DO YOU HAVE A CERTIFICATE OF INSURANCE? ____ YES ____ NO (IF YES, PLEASE PROVIDE A COPY OF CERTIFICATE OF INSURANCE COVERING THE SCHEDULED EVENT)			
ANY PROMOTER WITH AN EVENT NOT SANCTIONED BY THE MID ATLANTIC BOXING ASSOCIATION SHALL BE REQUIRED TO POST A BOND. THE AMOUNT TO BE DETERMINED BY THE DIVISION OF PROFESSIONAL REGULATION. SURETY COMPANY MUST BE AUTHORIZED TO DO BUSINESS IN DELAWARE.			
SURETY COMPANY NAME		TELEPHONE	
STREET ADDRESS		CITY	STATE ZIP CODE

EVENT LOCATION INFORMATION

NAME OF EVENT			
STREET ADDRESS OF LOCATION FOR EVENT		CITY	STATE ZIP CODE
LOCATION CONTACT NAME		TITLE	PHONE NUMBER
DATE OF EVENT	TIME OF EVENT	IS THERE A FEE CHARGED FOR THE EVENT? ____ YES ____ NO	
SANCTIONED BY MID ATLANTIC BOXING? ____ YES ____ NO		WHEN WAS SANCTION RECEIVED?	
SANCTIONED BY ANOTHER ORGANIZATION? IF YES, PLEASE SUBMIT ORGANIZATIONS OFFICIAL RULES & NAME OF CONTACT PERSON ____ YES ____ NO			

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EVENT LOCATION INFORMATION CONTINUED

A PERMIT WILL ONLY BE GRANTED FOR A SPECIFIC EVENT AND A SPECIFIED TIME, DATE, AND LOCATION. YOU MAY REQUEST PRE-APPROVAL FOR ONE SPECIFIED ALTERNATIVE DATE AND TIME IN THE EVENT THAT POSTPONEMENT IS NECESSARY. YOU MUST NOTIFY THE DIVISION OF PROFESSIONAL REGULATION IMMEDIATELY IN WRITING THAT THE ALTERNATIVE DATE WILL BE UTILIZED. PLEASE PROVIDE AN ALTERNATIVE DATE AND TIME, IF APPLICABLE:

PROMOTER HISTORY

HAVE YOU EVER HELD ANY LICENSE OR PERMIT RELATED TO BOXING IN ANY JURISDICTION? IF YES, WHERE? LIST ALL JURISDICTIONS:

ARE YOU CURRENTLY REGISTERED BY THE MID ATLANTIC BOXING ASSOCIATION OR OTHER BOXING ORGANIZATIONS? PLEASE LIST ALL ORGANIZATIONS AND LICENSE OR REGISTRATION NUMBERS:

HAVE YOU EVER BEEN SUBJECT TO DISCIPLINARY ACTION BY ANY ATHLETIC COMMISSION OR BY ANY BOXING LICENSING AUTHORITY IN ANY JURISDICTION? IF YES, PROVIDE DETAILS AND SUPPORTING INFORMATION AND/OR DOCUMENTATION:

DESCRIPTION OF EVENT

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE EVENT. INCLUDE THE NUMBER OF SCHEDULED ROUNDS AND DURATION OF EACH ROUND FOR EACH COMPETITION:

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REFEREE INFORMATION

NAME		TELEPHONE	
STREET ADDRESS	CITY	STATE	ZIP CODE
PLEASE LIST ALL LICENSES OR REGISTRATIONS IN ALL JURISDICTIONS			
REGISTERED WITH ANY BOXING ORGANIZATION? IF YES, PLEASE LIST ALL			

ANY CONTESTANT NOT IDENTIFIED IN THIS APPLICATION FOR PERMIT IS NOT SANCTIONED TO PARTICIPATE IN THIS EVENT
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CONTESTANT INFORMATION

NAME	VS.	NAME
ADDRESS		ADDRESS
AGE		AGE

NAME	VS.	NAME
ADDRESS		ADDRESS
AGE		AGE

NAME	VS.	NAME
ADDRESS		ADDRESS
AGE		AGE

NAME	VS.	NAME
ADDRESS		ADDRESS
AGE		AGE

NAME	VS.	NAME
ADDRESS		ADDRESS
AGE		AGE

NAME	VS.	NAME
ADDRESS		ADDRESS
AGE		AGE

Attach additional sheets of paper if necessary
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**ALL CONTESTANTS ARE REQUIRED TO WEAR SAFETY EQUIPMENT. PLEASE DESCRIBE THE SAFETY EQUIPMENT THAT WILL BE UTILIZED
BY EACH CONTESTANT:**

PHYSICIAN INFORMATION

**IF YOU WISH TO HAVE THE DIVISION CONSIDER APPROVING A PHYSICIAN OF YOUR CHOOSING FOR THIS EVENT, PLEASE PROVIDE THE
FOLLOWING INFORMATION:**

NAME		DELAWARE LICENSE #	
STREET ADDRESS	CITY	STATE	ZIP CODE

PLEASE STATE ANY EXPERIENCE THAT THE PHYSICIAN HAS RELATING TO BOXING COMPETITIONS:

THE DIVISION RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION

**For more information, please visit the Division of Professional Regulation's website at
www.professionallicensing.state.de.us**

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AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he/she is expressly authorized to apply for a Permit to hold an amateur boxing, sparring match or exhibition for which a fee is charged on behalf of the business entity/individual indicated _____. The undersigned further deposes and says that he/she has read and reviewed the information provided in the attached Application for Permit to hold an amateur boxing, sparring match or exhibition for which a fee is charged and that the information and statements contained therein are true and correct, and that he or she understands that the provision of false information or employing or knowingly cooperating in fraud or material deception in order to be licensed or permitted is grounds for DENIAL or REVOCATION OF PERMIT.

Name of Firm/Individual/Applicant Date

By: _____
Name/Title

State of)
County of)

SUBSCRIBED and SWORN to before me this _____ day of _____, 2____.

Signature of Notary Public

My Commission expires: _____

*Disclosure of a social security number is mandatory in accordance with 29 *Del. C.* § 8807 and 42 U.S.C. § 405 for the purpose of child support obligation enforcement. Disclosure may also occur: 1) to a governmental agency for civil or criminal law enforcement if authorized by law; 2) to a State agency for purposes related to the administration of any tax; or 3) for any purpose permitted or authorized under 42 U.S.C. § 405.